

Work Order ID 88871

\*88871\*

Page 1

August 8, 2012 1:54:30 PM

Item ID: D350-604-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Rear Locker Extender

Start Date: 8/08/12 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

*CL*

Date: *12/08/08*

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2273	F
D350-604-041	B

100

0.00

\*100\*

DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile and create labels per PEP D350-604-041

CHG003 for D2273 rev.E (new gelcoat)

CHG004 for D2273 rev.F (new primer)

SCRAP

110

0.00

\*110\*

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: *17636*  
Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B *122335*  
4 x 2600-LW Retaining washers - Ship to Delastek B *121524*

*CL 12/08/08 1*

NCR: ☒ Yes ☐ No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: JohnDate: 12/12/12QA Closed: CKDate: 11

Work Order: <u>88871</u>	<b>DISPOSITION</b> Rework <input checked="" type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>			
Part No. <u>D350-604-041</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input checked="" type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data				FOUND Large bump on Bottom of LLE and Prime is chipping away again  12/9/12 100 1	12/12/12	Remove all Prime		See Pink NCR 12-2096	
Equip/Tooling			Have all inspect Bump						
Operator			Reprime as per 052005						
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing
<input type="checkbox"/> Turning Sequence	<input checked="" type="checkbox"/> Finish
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio
	<input type="checkbox"/> Grain
	<input type="checkbox"/> Hardware
	<input type="checkbox"/> Inspection Incomplete
	<input type="checkbox"/> Instructions Incomplete/Unclear
	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Misabeled
	<input type="checkbox"/> Misread
	<input type="checkbox"/> Offset
	<input type="checkbox"/> Out of Calibration
	<input type="checkbox"/> Out of Sequence
	<input type="checkbox"/> Outside Dimensions
	<input type="checkbox"/> Ovalized
	<input type="checkbox"/> Over/Under tolerance
	<input type="checkbox"/> Part Incorrect
	<input type="checkbox"/> Part Lost/Missing
	<input type="checkbox"/> Part Moved
	<input type="checkbox"/> Positioned Wrong
	<input type="checkbox"/> Power Loss/Surge
	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Weld
	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Other

**Work Order ID 88871****\*88871\***

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August 8, 2012 1:54:30 PM

Item ID: D350-604-041

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 8/08/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*120*</b>	Packaging								
Packaging	<b>Memo</b>	0.00							
Packaging	Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.								
130	QC5- Inspect part completeness to step on W/O	0.00							
<b>*130*</b>									
QC	<b>Memo</b>	0.00							
Quality Control	Check hole locations to template. DT 8824 Check process sheet and audit.								
140		0.00							
<b>*140*</b>									
Small Fab	<b>Memo</b>	0.00							
Small Fab	INSTALL DECALS AS PER DWG								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

**Work Order ID 88871**

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Item ID: D350-604-041

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 8/08/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Run Start **\*NR1\***

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							
<b>*150*</b>									
QC	Memo	0.00							
Quality Control									
160		0.00							
<b>*160*</b>	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D350-604-041								
	Location: _____								
	PPP Rev: _____								
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									

MF  
12-10-28

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# Picklist Print

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Page 1

Work Order ID: 88871

Parent Item: D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 8/08/12

Required Date: 8/17/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R 12.02.07 AS PER ECN12-  
521 DD verf:JLM IPP REV:S 12.04.04 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2269 Decal		Manufactured	No				Each	32.0000		1			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST007		29							
				80011		17							
				86944		12							
				ST009		3							
				78920		3							
2600-6 Camlock Stud		Purchased	No			110	Each	351.0000	4	4		CL12/08/08	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST380		351							
				120077		8							
				121556		4							
				122317		18							
				122335		137							
				122441		184							
2600-LW Camloc Retaining Washer		Purchased	No			110	Each	475.0000	4	4		CL12/08/08	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				380		184							
				122452		184							
				ST380		288							
				121524		88							
				122317		200							
				ST381		1							
				121287		1							
				ST398		2							
				120648		2							

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge    		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	



# Picklist Print

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Work Order ID: 88871

Parent Item: D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 8/08/12

Required Date: 8/17/12

Start Qty: 1.00

Required Qty: 1.00

D350-604-041P  
Rear Locker Extender

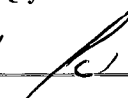
Purchased No

110 Each 1.0000

1

1

88871



Location

Loc Qty

Loc Code

ST

1

74041

0

87197

1

D2268  
Decal

Manufactured No

140 Each 37.0000

1

1

Location

Loc Qty

Loc Code

ST007

17

80010

17

ST009

20

69592

2

78908

6

86752

12

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Shop Packet Print

Page 2

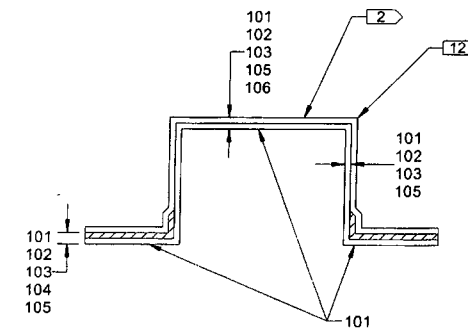
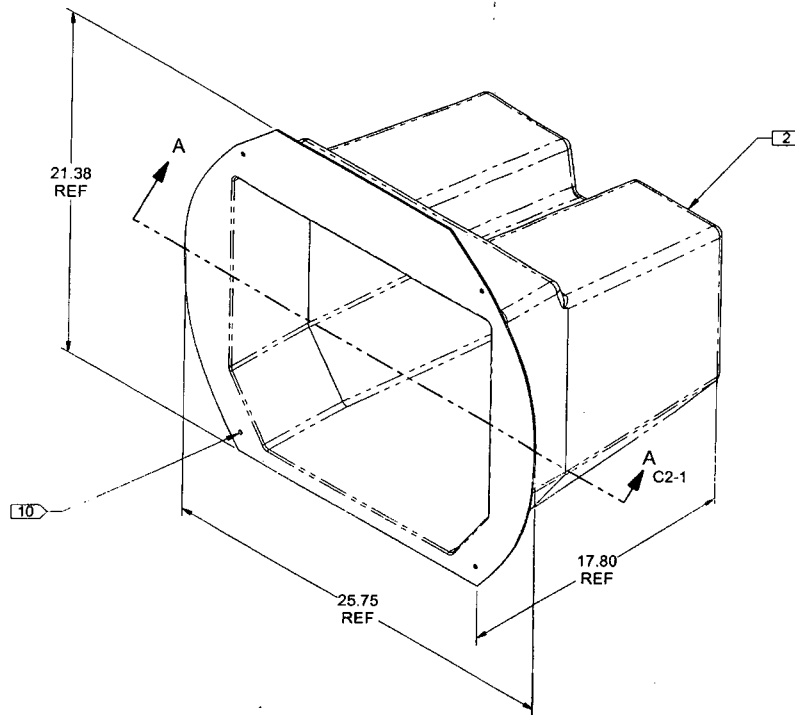
NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
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Other <input type="checkbox"/>											
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<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		



SECTION A-A  
C4-1

RELEASED  
2012-03-29

NOTES:

1) MATERIALS:

RESIN: DERAKANE 470-36/411/510A40  
FIBRE: 9 oz = 9.7 oz 7781 WEAVE "S" GLASS  
18 oz = 18.0 oz ROVING "E" GLASS

2) FINISH: FINISH THIS SURFACE WITH DUPONT GREY PRIMER LE 3404-S/LE 1175-S  $\Delta$

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1

7) WEIGHT: 7.75 lbs

8) LAMINATE PER DART QSI 006. LAMINATION SCHEDULE PER THIS DRAWING.

9) LAYUP USING DT8010 MOLD. WET LAYUP NO BAG/VACCUUM

10) TRIM & DRILL PER DT8020. OPEN HOLES TO  $\varnothing$ 0.257 (4 PLACES)

11) CONSTRUCTION:

101-WHITE GLOSS GELCOAT # GEL 2330PAWK745 TO MIN THICKNESS OF 0.020

102-9 oz ALL OVER

103-18 oz ALL OVER

104-18 oz REINFORCE FRONT FLANGE EXTENDING 2" ON SIDES

105-9 oz ALL OVER

106-PEEL PLY

12) MATTE TO HOLD DOWN CORNERS AS REQUIRED

**D2273 REAR LOCKER EXTENDER**

CL12108/08

W10'88871

F	PRIMER LE 3404-S/LE 1175-S WAS 1144-S, ZN A6-1	DC	12.02.27
E	CHANGED SURFACE FINISH FROM 944W005 GELCOAT TO 2330PAWK745 GELCOAT, ZN A7-1. UPDATED DWG TO CURRENT STANDARDS.	DC	12.02.02
D	REMOVE EPOCAST, ADD SURFACE FINISH	CP	02.04.01
C	CLARIFY MATERIAL, LAYUP, AND TOOLING	RF	02.01.30
B	RE-DRAWN	MM	96.05.27
REV.	DESCRIPTION	BY	DATE
DESIGN	JB	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	BC		
CHECKED	BC	DRAWING NO.	REV. F
MFG. APPR.	BC	D2273	SHEET 1 OF 1
APPROVED	BC	TITLE	SCALE
DE APPR.	BC	350 REAR LOCKER EXTENDER	NTS
DATE	12.02.27	COPYRIGHT © 1996 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

## Solve Composites

29 Distribution Way  
Suite 101  
Plattsburgh, NY 12901  
Phone: 518-324-3838  
Fax: 518-324-5530

### Packing List

**Bill** Dart Aerospace

To: 1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Canada

**Ship** Dart Aerospace

To: 1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Canada

Shipment No: 13520  
Shipment Date: 09/06/12  
Ship Via: Fedex Freight  
Order Number: 11945  
Order Date: 08/08/12

Customer Code: DART  
Phone: (613) 632-9577  
PO Number: 17636  
Terms: Net 30 Days

<u>Item</u>	<u>Quantity</u>				<u>Unit</u>	<u>Description</u>	<u>Revision</u>	<u>Job Number</u>
	<u>Open</u>	<u>Shipped</u>	<u>Back Ord</u>	<u>Canceled</u>				
1	1	1	0		EA	D350-604-041P D350-604-041P Rear Locker Extender	F	11945-01

Packing Clerk's Initials  
Solve Composites

Received In Good Order By  
Dart Aerospace



## **Certificate of Conformance**

**Solve Composites**

**29 Distribution Way**

**Plattsburgh, New York, 12901**

**USA**

**Dart Aerospace Order Number: 17636**

**Part Number: D2273**

**Quantity: 1**

**Drawing Number: D2273, DT8020**

**Serial Number (s): 0024**

**Date: September 06, 2012**

**Non-Conformances: None**

**This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.**

**Jerry Reyell**

**Project Manager**

**Solve Composites**

# Solve Composites

29 Distribution Way, Suite 101  
Plattsburgh, NY 12901  
Tel: (518) 324-3838  
Fax: (518) 324-5530

Isometric View

Date	9-5-12	Project	NovaBus
Resin Batch #	470-36	Job	DART
Gel-Coat Batch #	0001292187		
NOVA Drg No.	D2273 Rev. F	Serial #	0023
Panel Ref.	350 REAR LOCKER EXTENDER		

